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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/078,735 02/19/2002 ABN which is a CON of 09/678,820 10/04/2000 PAT 6,411,846
which is a CIP of 09/383,561 08/26/1999 PAT 6,263,239
which is a CIP of 08/886,736 07/01/1997 PAT 5,968,080
which claims benefit of 60/021,161 07/01/1996

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

METHOD AND APPARATUS FOR DELIVERING A BIPHASIC DEFIBRILLATION PULSE WITH VARIABLE ENERGY

FILING FEE RECEIVED 785	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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